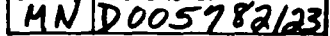




331157

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT				I. IDENTIFICATION 01 STATE 02 SITE NUMBER MN D005782123	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) Aircraft Services, Inc.			02 STREET, ROUTE NO. OR SPECIFIC LOCATION IDENTIFIER 9208 James Ave. So.		
03 CITY Bloomington		04 STATE MN	05 ZIP CODE 55431	06 COUNTY Hennepin	07 COUNTY CODE 053
08 COORDINATES LATITUDE 44°49'46.5"		LONGITUDE 093°12'39.0"		Bloomington Quadrangle 7.5 min.	
10 DIRECTIONS TO SITE (Starting from nearest public road) From intersection of Hwy. 65 & 94th St.: West on 94th to James Ave. So., North on James to site					
III. RESPONSIBLE PARTIES					
01 OWNER (If known) Aircraft Services, Inc.			02 STREET (Business, mailing, residential) 9208 James Ave. So.		
03 CITY Bloomington		04 STATE MN	05 ZIP CODE 55431	06 TELEPHONE NUMBER (612) 888-4641	
07 OPERATOR (If known and different from owner)			08 STREET (Business, mailing, residential)		
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED <u>06/26/80</u> MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED <u>06/08/81</u> MONTH DAY YEAR <input type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE <u>03/20/80</u> MONTH DAY YEAR <input type="checkbox"/> NO			<input type="checkbox"/> BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input checked="" type="checkbox"/> F. OTHER <u>Hennepin Co. officials</u> (Specify) CONTRACTOR NAME(S): _____		
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION <u>1975</u> BEGINNING YEAR _____ ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Solvents					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION N/A					
V. PRIORITY ASSESSMENT <u>Potential Hazard: None</u>					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT		02 OF (Agency/Organization)		03 TELEPHONE NUMBER ()	
04 PERSON RESPONSIBLE FOR ASSESSMENT Susan M. Cedarleaf		05 AGENCY KPCA	06 ORGANIZATION Solid & Hazardous Waste Division	07 TELEPHONE NUMBER 1612296-7735	08 DATE <u>07/13/84</u> MONTH DAY YEAR



I HIGHLY VOLATILE
J EXPLOSIVE
K REACTIVE
L INCOMPATIBLE
M NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
MN D005782123

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

None as long as storage/pump out system maintains integrity.

01 ☐ B SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

N/A

01 ☐ C CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

N/A

01 ☐ D FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

N/A

01 ☐ E DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

None known, it is unknown if present disposal allows for contact

01 ☐ F CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED _____ (Acres) 04 NARRATIVE DESCRIPTION

N/A - No visible spillage around storage/pump-out

01 ☐ G DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

N/A

01 ☒ H WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: *unknown* 04 NARRATIVE DESCRIPTION

Potential if present storage/pump-out system fails.

01 ☐ I POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

N/A



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

MN 0005782123

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

No reported spills

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

None anticipated.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

None reported.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

N/A

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None known.

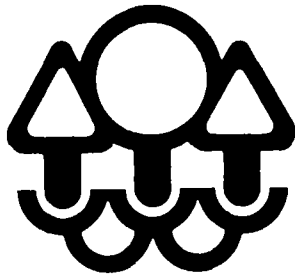
III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

Solvents used for cleaning light oil off machine parts prior to a repair. When solvents are no longer stored on the site, a private company provides a recycling program.

V. SOURCES OF INFORMATION (Cite specific references, e.g. State Res. sample analysis reports)

None files



Minnesota Pollution Control Agency

July 16, 1984

EXECUTIVE SUMMARY
Aircraft Services
MND005782123

Situation

Aircraft Services of Minneapolis, Minnesota used to store waste solvents in drums at the Company's building. The waste solvents were generated from cleaning light oil off machinery parts before being repaired. The stored solvents were disposed of earlier this year and a new storage system installed. The present system consists of dumping the solvents into a sink that drains into a sealed tank. About every six weeks the solvents are pumped from the tank and disposed.

Inspection Priority Recommendation

No spillage or leakage has been reported to the Minnesota Pollution Control Agency (MPCA) or Hennepin County. Based on the present operation and the limited amount of information available, no further action is recorded in Part V., 01 of the Preliminary Assessment. There is no known potential hazard.

Phone: _____

1935 West County Road B2, Roseville, Minnesota 55113-2785

Regional Offices • Duluth/Brainerd/Detroit Lakes/Marshall/Rochester

Equal Opportunity Employer

